

AUG 19 2005

sanofi pasteur

The vaccines business of sanofi-aventis Group

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From:
Robert Yoshida
Sanofi Pasteur Inc.

This facsimile is 8 pages, including this cover page

August 19, 2005

Appl. No.: 10/043,344
Applicant: Sheena M. Loosmore et al.
Filed: January 14, 2002
Title: Transferrin Receptor Genes
TC/A.U.: 1645
Examiner: Hines, Ja-Na
Confirmation No.: 7370
Docket No.: 1038-1221 MIS:jb

This facsimile consists of:

Certification of Transmission under 37 CFR 1.8
Transmittal Form (1 page)
Transmittal Letter (2 pages)
Revocation of Power of Attorney with New Power of Attorney (1 page)
Power of Attorney and Correspondence Address Indication Form (1 page)
Statement Under 37 CFR 3.73(b) (1 page)

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THANK YOU

U.S. Appl. No. 10/043,344, filed Jan. 14, 2002
Attorney Docket No. 1038-1221 MIS:jb

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031

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on 08/19/05
Date



Signature

Robert Yoshida

Typed or printed name of person signing Certificate

54,941

Registration Number, if applicable

(570) 893-5537

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

The following papers listed below are submitted:

Transmittal Form (1 page)

Transmittal Letter (2 pages)

Revocation of Power of Attorney with New Power of Attorney (1 page)

Power of Attorney and Correspondence Address Indication Form (1 page)

Statement Under 37 CFR 3.73(b) (1 page)

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AUG 19 2005

PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

7

Application Number	10/043,344
Filing Date	January 14, 2002
First Named Inventor	Sheena M. Loosmore
Art Unit	1645
Examiner Name	Hines, Ja-Na
Attorney Docket Number	1038-1221 MIS:jb

ENCLOSURES (Check all that apply)

- ☐ Fee Transmittal Form
☐ Fee Attached
☐ Amendment/Reply
☐ After Final
☐ Affidavits/declarations(s)
☐ Extension of Time Request
☐ Express Abandonment Request
☐ Information Disclosure Statement
☐ Certified Copy of Priority Document(s)
☐ Reply to Missing Parts/
 Incomplete Application
☐ Reply to Missing Parts
 under 37 CFR 1.52 or 1.53

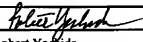
- ☐ Drawing(s)
☐ Licensing-related Papers
☐ Petition
☐ Petition to Convert to a
 Provisional Application
☒ Power of Attorney, Revocation
 Change of Correspondence Address
☐ Terminal Disclaimer
☐ Request for Refund
☐ CD, Number of CD(s)
☐ Landscape Table on CD

- ☐ After Allowance Communication to TC
☐ Appeal Communication to Board
 of Appeals and Interferences
☐ Appeal Communication to TC
 (Appeal Notice, Brief, Reply Brief)
☐ Proprietary Information
☐ Status Letter
☒ Other Enclosure(s) (please identify
 below):
 Transmittal Letter
 Certificate of Transmission

Remarks

The total number of pages in this submission includes this Transmittal Form

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Sanofi Pasteur Inc.		
Signature			
Printed name	Robert Yoshida		
Date	August 19, 2005	Reg. No.	54,941

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature		Date	
Typed or printed name			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AUG 19 2005

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Appl. No.: 10/043,344
Applicant: Sheena M. Loosmore et al.
Filed: January 14, 2002
Title: Transferrin Receptor Genes
TC/A.U.: 1645
Examiner: Hines, Ja-Na
Confirmation No.: 7370
Docket No.: 1038-1221 MIS:jb

BY FACSIMILE: (571) 273-8300

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Facsimile: (571) 273-8300

TRANSMITTAL LETTER

Sir:

Attached herewith are: 1) Revocation of Power of Attorney With New Power of Attorney Form, 2) Power of Attorney and Correspondence Address Indication Form, 3) Statement Under 37 CFR 3.37(b), and 4) Certificate of Transmission under 37 CFR 1.8.

The Applicants respectfully request consideration and entry of these papers. Should the Examiner have any questions concerning this paper, she is invited to contact the undersigned at (570) 839-5537.

Respectfully submitted,

Date:

August 19, 2005

By:



Robert Yoshida
Reg. No. 54,941

Appl. No. 10/043,344
New Power of Attorney

Sanofi Pasteur Inc.
Intellectual Property - Knerr Building
One Discovery Drive
Swiftwater, PA 18370
Telephone: (570) 839-5537
Facsimile: (570) 895-2702

PTO/SB/82 (04-05)

Approved for use through 11/30/2005, OMB 0851-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/043,344
Filing Date	01/14/2002
First Named Inventor	Sheena M Loosmore
Art Unit	1645
Examiner Name	Hines, Ja-Na
Attorney Docket Number	1038-1221 MIS:jb

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Robert Yoshida

Date

August 19, 2005

Telephone

(570) 839-5537

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (04-05)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/043,344
Filing Date	January 14, 2002
First Named Inventor	Sheena M Loosmore
Title	Transferrin Receptor Genes
Art Unit	1645
Examiner Name	Hines, Ja-Na
Attorney Docket Number	1038-1221 MTS:jb

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Robert Yoshida	54,941
Thomas Bordner	47,436
Todd Sladek	53,768
John Parrish	35,315

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Sanofi Pasteur Inc.		
Address	Intellectual Property - Knerr Building One Discovery Drive Swiftwater		
City	State	PA	Zip 18370
Country			
Telephone	570-839-5537	Email	

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/66)

SIGNATURE OF Applicant or Assignee of Record

Signature	<i>Robert Yoshida</i>	Date	August 18, 2005
Name	Robert Yoshida	Telephone	(570) 839-5537
Title and Company	Patent Agent, Sanofi Pasteur Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/06 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Aventis Pasteur LimitedApplication No./Patent No.: 10/043,344 Filed/Issue Date: January 14, 2002Entitled: Transferrin Receptor Genes

Aventis Pasteur Limited, a Corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 008213, Frame 0755, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Robert Yoshida
Signature
Robert Yoshida
Printed or Typed Name
Patent Agent
Title

August 19, 2005
Date
(570) 839-5337
Telephone Number

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.